U.S. Department of Labor Cffice of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemen and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8372			
05/03/03	2. Fiscal Year Covered From:		
3 Name and add	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name RECHARD FERNANDEZ	Name CARPENTERS LOCAL 22		
	Labor Organization File Number 033-149		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 800 CHADBOURNE ROAD	Street 2085 3nd STREET		
City FAIRFIELD	City S'AN FRANCISCO		
State CHLIFORNIA ZIP Code + 4 94534	State CALIFORNIA ZIP Code + 4 94107		
5. Position in labor organization.  TRUSTEE			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Street			
City	programme and the programme an		
State ZIP Code + 4	Make year country in a control of the control of th		
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
+			
Signed Sichard Fencinde	on 08-08-05 707-399-2880		
	Date Telephone Number		